

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576391

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	0		1			
5	0		1			
6	0		1			
7	0		1			
8	1		1			
9	1		1			
10	2		1			
11	2		1			
12	2		1			
13	2		1			
14	0		1			
15	0		1			
16	0		1			
17	0		9			
18	0		9			
19	0		9			
20	0		9			
21	0		9			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	25	←	68	←		←
TOTAL CLAIMS	27		70			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						←